

Nevada State Board of Dental Examiners

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APPLICATION TO REACTIVATE AN INACTIVE / RETIRED LICENSE

Name _____ License Number _____

Mailing Address _____

I, _____, wish to reactivate my inactive Dental / Dental Hygiene (circle one) license number _____, which was placed on inactive/retired status on _____. I certify (choose one below):

_____ I have maintained an active license and practice (active license and working) outside the state of Nevada during the period my Nevada license has been inactive/retired;

Requirements for reactivation are:

1. Payment of the reactivation fee of \$200 in addition to the current active license fees;
2. Provide a list of employment during the time the Nevada license was inactive/retired. If there was no employment during the time the Nevada license was inactive/retired, you must indicate so in writing;
3. Submit proof of current CPR and proof of completion of continuing education credits as follows:
 - a. If reactivating prior to December 31st of the current renewal year, 20 credits for dentists / 15 credits for hygienists;
 - b. If reactivating after December 31st of the current renewal year, 10 credits for dentists / 7.5 credits for hygienists;
4. Provide certification from each jurisdiction in which you currently hold a license (expired, inactive, retired, etc.) to practice dentistry or dental hygiene, that the license is in good standing and that no proceedings which may affect that standing are pending;
5. Provide letters of recommendation from two (2) licensed dentists;
6. Certify that during the period of _____ through _____ (the period my license was inactive/retired), I had _____ filing(s) or service or claim(s) or complaint(s) of malpractice or disciplinary action(s) either in the State of Nevada or any jurisdiction outside the State of Nevada (include any Peer Review activity). **FULL DISCLOSURE OF EACH SUCH CASE MUST BE ENCLOSED WITH THIS REACTIVATION APPLICATION.**

_____ I have not maintained an active license and practice (no active license and not working) outside the state of Nevada during the period my Nevada license has been inactive/retired;

Requirements for reactivation are:

1. **For licenses on inactive/retired status for less than 2 years:**
 - a. Complete items (1) through (3) above.
2. **For licenses on inactive/retired status for 2 years or more:**
 - a. Complete items (1) through (3) above;
 - b. Pass such additional examinations for licensure as the Board may prescribe.

I authorize and empower the Nevada State Board of Dental Examiners or its agent to contact any person, firm, service, agency, or the like to obtain information deemed necessary or desirable by the Board to verify any information contained in my application to reactivate my inactive/retired license based upon this affidavit. I acknowledge I have a continuing responsibility to update all information contained in this application until such time as the Board takes action on this application. Failure of an applicant to update the information prior to final action of the Board is grounds for subsequent disciplinary action.

SIGNATURE OF LICENSEE _____ DATE _____

SUBSCRIBED TO AND SWORN BEFORE ME, this _____ day of _____, 20_____.

SEAL

NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE